

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155329		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/27/2011	
NAME OF PROVIDER OR SUPPLIER  ROSEWALK VILLAGE AT INDIANAPOLIS				STREET ADDRESS, CITY, STATE, ZIP CODE 1302 N LESLEY AVE INDIANAPOLIS, IN46219			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint #IN00092727, Complaint #IN00092731, and Complaint #IN00093531.</p> <p>Complaint #IN00092727- Substantiated. No deficiencies related to the allegations cited.</p> <p>Complaint #IN00092731- Substantiated. Federal/state deficiencies related to the allegations are cited at F282 and F333.</p> <p>Complaint #IN00093531-Unsubstantiated due to lack of evidence.</p> <p>Survey dates: July 25-27, 2011</p> <p>Facility number: 000222 Provider number: 155329 Aim number: 100274950</p> <p>Survey team: Honey Kuhn, RN</p> <p>Census bed type: SNF: 18 SNF/NF: 150 Total: 168</p> <p>Census payor source: Medicare: 49 Medicaid: 102</p>			F0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after August 11 th 2011.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0282 SS=D	<p>Other: 17 Total: 168</p> <p>Sample: 6</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure a physician's order for antibiotic therapy was administered for a resident with a diagnoses of urosepsis and hematuria. This deficiency affected 1 of 6 residents in a sample of 6 reviewed for medication orders and administration. (Resident "B")</p> <p>Finding includes:</p> <p>The closed record of Resident "B" was reviewed on 07/26/11 at 8:50 a.m. Resident "B" was admitted to the facility on 04/22/11 with diagnoses including, but not limited to, acute mental encephalopathy, atrial fibrillation, unstageable pressure wounds, urosepsis, urinary retention, and hematuria (blood in urine). The record indicated the resident was an emergency transfer to a hospital on</p>			F0282	<p><b>F282 Services by qualified persons/per care plan</b></p> <p>It is the practice of this provider to ensure that all alleged violations involving services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's plan of care.</p> <p><b>What corrective action(s) will be taken for those residents found to have been affected by the deficient practice?</b></p> <p>The facility was not provided with an identifier list. Also per the statement of deficiency the alleged resident expired on 5/24/11.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <p>All residents have the potential to be affected by this alleged deficient</p>		08/11/2011

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	<p>05/23/11 and expired on 05/24/11.</p> <p>The record indicated Resident "B" was to receive a total of 14 doses of Cipro (antibiotic) for a urinary tract infection. The record indicated Resident "B" did not receive 6 of the ordered doses of Cipro.</p> <p>Review of the physician's orders indicate: "05/06/11 2 p (2:00 p.m.) Cipro 500 mg (milligram) p.o. (per os: by mouth) BID (2 times a day) X 3 days." (6 doses) "05/09/11 Continue Cipro 500 mg BID X 4 more days: total 7 days." (8 doses)</p> <p>Review of the MAR (Medication Administration Record) dated 05/01/2011-05/31/2011, indicated: "05/06/11 Cipro 500 mg BID po X 3 days: 9 A (9:00 a.m.) 9 P (9:00 p.m.)" The record indicated Resident "B" did not receive the ordered medication as follows: 05/07/11: 9:00 a.m. 05/08/11: 9:00 p.m.</p> <p>"05/09/11 Cipro 500 mg BID X 4 more days: total 7 days" The record indicated the Resident "B" did not receive the ordered medication as follows: 05/10/11: 9:00 p.m. 05/11/11: 9:00 p.m. 05/12/11: 9:00 p.m. 05/13/11: 9:00 a.m.</p>				<p>practice.</p> <p>Allicensed nursing personnel will be re-educated on the administration of medication per physician's orders by the SDC or designee 8-1-11 thru 8-5-11.</p> <p><b>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</b></p> <p>Allicensed nurse personnel will be re-educated on the administration of medication per physician's orders by the SDC or designee 8-1-11 thru 8-5-11.</p> <p>AMAR/TAR CQI audit tool will be completed once weekly x4, bi-weekly x2, then monthly thereafter by a facility Unit Manager or designee.</p> <p>The members of the nurse manager team will audit the MAR/TAR books daily Monday thru Friday.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</b></p> <p>AMAR/TAR CQI audit tool will be completed once weekly x4, bi-weekly x2, and then monthly thereafter.</p> <p>The Mar/TAR CQI's will be reviewed monthly by the CQI Committee for</p>		

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F0333 SS=D	<p>The DNS (Director Nursing Services) was interviewed on 07/26/11 at 2:30 p.m. The DNS indicated being unaware of the omitted doses. The DNS, when queried, did not indicate how the facility monitored physician orders and medication transcriptions were administered as ordered.</p> <p>This Federal tag relates to Complaint #IN00092731</p> <p>3.1-35(g)(2)</p> <p>The facility must ensure that residents are free of any significant medication errors. Based on record review and interview, the facility failed to follow a physician's order in regard to the administration of an antibiotic twice daily for a urinary tract infection for 1 of 6 residents reviewed for medications in a sample of 6. (Resident "B")</p> <p>Finding includes:</p> <p>The closed record of Resident "B" was reviewed on 07/26/11 at 8:50 a.m. Resident "B" was admitted to the facility</p>			F0333	<p>six months after which the CQI team will re-evaluate the continued need for the audit.</p> <p>Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee.</p> <p>Date of Compliance 8/11/11</p> <p><b>F333 Residents free of significant med errors</b></p> <p>It is the practice of this provider to ensure that all alleged violations involving residents are free from any significant medication errors are provided in accordance with State and Federal law through established procedures.</p> <p><b>What corrective action(s) will be taken for those residents found to have been affected by the deficient practice?</b></p> <p>The facility was not provided with an identifier list. Also per the statement</p>		08/11/2011

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	<p>on 04/22/11 with diagnoses including, but not limited to, acute mental encephalopathy, atrial fibrillation, unstageable pressure wounds, urosepsis, urinary retention, and hematuria (blood in urine). The record indicated the resident was transferred to an emergency transfer to a hospital on 05/23/11 and expired on 05/24/11.</p> <p>The record indicated Resident "B" was to receive a total of 14 doses of Cipro (antibiotic) for a urinary tract infection. The record indicated Resident "B" received 8 doses of Cipro.</p> <p>Review of the physician's orders indicate: "05/06/11 2 p (2:00 p.m.) Cipro 500 mg (milligram) p.o. (per os: by mouth) BID (2 times a day) X 3 days." (6 doses) "05/09/11 Continue Cipro 500 mg BID X 4 more days: total 7 days." (8 doses)</p> <p>Review of the MAR (Medication Administration Record) dated 05/01/2011-05/31/2011, indicated: "05/06/11 Cipro 500 mg BID po X 3 days: 9 A (9:00 a.m.) 9 P (9:00 p.m.)" The record indicated Resident "B" did not receive the ordered medication as follows: 05/07/11: 9:00 a.m. 05/08/11: 9:00 p.m.</p> <p>"05/09/11 Cipro 500 mg BID X 4 more</p>				<p>of deficiency the alleged resident expired on 5/24/11.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <p>All residents have the potential to be affected by this alleged deficient practice.</p> <p>All licensed nursing personnel will be re-educated on the administration of medication per physician's orders, medication errors, MAR/TAR documentation, and medication pass by the SDC or designee 8-1-11 thru 8-5-11.</p> <p><b>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</b></p> <p>All licensed nursing personnel will be re-educated on the administration of medication per physician's orders by the SDC or designee 8-1-11 thru 8-5-11.</p> <p>AMAR/TAR CQI audit tool will be completed once weekly x4, bi-weekly x2, and then monthly thereafter by a facility Unit Manager or designee.</p> <p>The members of the nurse manager team will audit the MAR/TAR books daily Monday thru Friday.</p> <p><b>How the corrective action(s) will</b></p>		

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	<p>days: total 7 days"</p> <p>The record indicated the Resident "B" did not receive the ordered medication as follows:</p> <p>05/10/11: 9:00 p.m. 05/11/11: 9:00 p.m. 05/12/11: 9:00 p.m. 05/13/11: 9:00 a.m.</p> <p>The DNS (Director Nursing Services) was interviewed on 07/26/11 at 2:30 p.m. The DNS indicated being unaware of the omitted doses. The DNS, when queried, did not indicate how the facility monitored physician orders and medication transcriptions were administered as ordered.</p> <p>This Federal tag relates to Complaint #IN00092731.</p> <p>3.1-25(b)(9)</p>				<p><b>be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</b></p> <p>AMAR/TAR CQI audit tool will be completed once weekly x4, bi-weekly x2, and then monthly thereafter by a facility Unit Manager or designee.</p> <p>The Mar/TAR CQI's will be reviewed monthly by the CQI Committee for six months after which the CQI team will re-evaluate the continued need for the audit.</p> <p>Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee.</p> <p>Date of Compliance 8/11/11</p>		